

EXHIBIT 6

JUN 24 2010



REMIT TO:

5690 DTC BLVD. SUITE 670
GREENWOOD VILLAGE, CO 80111

TEL: (303) 299-9329
FAX: (303) 299-9309

BILL TO:

Besse Medical
Attn: Accounts Payable
9075 Centre Pointe Drive
Suite 140
West Chester, OH 45069

Invoice

ACCOUNT NUMBER	DATE	INVOICE #
4793	6/16/2010	965953

Terms

Net 30

ITEM DESCRIPTION	QUANTITY	AMOUNT
Broadcast Fax Per Page Normal BESSE - Date: 6/3/2010 Job: BFX-03550769 Name: QFax - 6/3/2010 Billing Code:	1.0	\$0.03
Broadcast Fax Per Page Normal BESSE - Date: 6/16/2010 Job: BFX-03730959 Name: Prolia order Form Customers Billing Code:	14,980.0	\$411.95
Broadcast Fax Per Page Normal BESSE - Date: 6/16/2010 Job: BFX-03730960 Name: Prolia order Form Prospect Billing Code:	40,343.0	\$1,109.44
79080/120/1100		

Please Include your invoice number on your checks.

TOTAL 1521.4

BMED00407